

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			1			
4				1		
5					1	
6		1				
7			1			
8				1		
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10				1		
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48						
49						
50						
TOTAL IND.	9		10			
TOTAL DEP.	3 F	→	30	→		→
TOTAL CLAIMS	40	40				

*		*	
IND.	DEP.	IND.	DEP.
51			
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96			
97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL	40	40	